

(Rev. 4/97)

ORIGINAL

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE**

Tyrell L. MENDOZA  
(Enter above the full name of the plaintiff in this action)

V.

DELAWARE CORRECTIONAL CENTER  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Enter above the full name of the defendant(s) in this action)

05 - 303



**I. Previous lawsuits**

A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?  
YES ☒ NO ☐

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs AS ALL OF YOUR UNKNOWN ARE VERY WELL DETAILLED  
\_\_\_\_\_

Defendants \_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county)

\_\_\_\_\_

3. Docket number \_\_\_\_\_

4. Name of judge to whom case was assigned \_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed?  
Is it still pending?)

\_\_\_\_\_

6. Approximate date of filing lawsuit SINCE WHEN I WAS A T.S.C. IN GEORGETOWN DE.

7. Approximate date of disposition \_\_\_\_\_

II. A. Is there a prisoner grievance procedure in this institution? Yes [ ] No [ ]

B. Did you present the facts relating to your complaint in the state prisoner  
grievance procedure? Yes ☒ No [ ]

C. If your answer is YES,

1. What steps did you take? AS ALL OF YOU KNOW IT ALL VERY WELL DETAILED

\_\_\_\_\_

2. What was the result? MORE WORST THE ABUSES AGAINST MYSELF

\_\_\_\_\_

D. If your answer is NO, explain why not \_\_\_\_\_

\_\_\_\_\_

E. If there is no prison grievance procedure in the institution, did you complain to  
prison authorities? Yes ☒ No [ ]

F. If your answer is YES,

1. What steps did you take? \_\_\_\_\_

\_\_\_\_\_

2. What was the result? MORE WORST ALL OF THE ABUSES AGAINST MYSELF

\_\_\_\_\_

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff LUGAL G. MENDEZ

Address DELAWARE CORRECTIONAL CENTER 1181 PADDOCK ROAD SMYRNA DELAWARE

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

B. Defendant \_\_\_\_\_ is employed as \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

C. Additional Defendants \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

FOR ALL OF THE PHYSICAL, EMOTIONAL, VERBAL, PSYCHOLOGICAL, AND IN MANY OTHER WAYS ABUSES

AND DISCRIMINATION THAT I HAVE BEEN VICTIM OF AS ALL OF YOU KNOW IT ALL VERY WELL DETAILED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.)

Justice for all of the physical, verbally, emotionally, psychologically, and in many other ways  
abuses and discrimination that I have been victim of, now that once again some hot camera on  
the video cameras tape recordings from 11/17/03 to 05/17/04 which you can see it all  
and hear every single word

Signed this twelve day of may, 2005

Ivonne Mendez

(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

05/12/05

Date

Ivonne Mendez

(Signature of Plaintiff)

I/M Twpal be mender

SBI# 483356 UNIT SAKU #23  
DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SMYRNA, DELAWARE 19977

U.S.M.C.  
X-RAY



UNITED STATES DISTRICT COURT  
844 N. KING ST. LOCK BOX 18  
WILMINGTON, DELAWARE  
19801-3570  
U.S.A.